TOWN OF BLOOMING GROVE BUILDING DEPT. PERMIT APPLICATION

P O BOX 358, BLOOMING GROVE, NY 10914 Phone (845) 496-7011 X725 Fax (845) 496-1945

TOWN SEWER DISTRICT CONNECTION

DATE	DISTRICT	PERMIT #
Please no	te: Applicant is responsible fo	The district borders The district borders
SECTION_	BLOCKLOT	
APPLICANT	NAME:	PHONE #
OWNER NA	ME:	PHONE #
MAIL ADDR	RESS:	
PROPERTY	LOCATION:	
A copy of the with application Additional Installational Installation Additional Installation I	contractor Workman's competent. The liability must name the sured. w/ application: approval to connect to sewer diagrammit, if applicable wing proposed pipe layout into pections: ion & hook-up before backfill	
APPLICANT	'S SIGNATURE	

It is the owner/applicant's responsibility to submit proper paperwork, schedule inspections and re-inspections (if necessary) and to properly close out the permit. A building permit expires one year from the issue date. There will be a \$\frac{\$125.00}{2}\$ fee to close out and issue a CO or CC for an expired permit.

TOWN OF BLOOMING GROVE COUNTY OF ORANGE

OFFICE OF BUIDING INSPECTOR AFFIDAVIT OF APPLICANT

SECTIONF	BLOCKLOT
Premises	
State of New York: SS: County of Orange:	
(Name of individual signing appl says that he/she is the applicant named	
(owner, contractor, ager have performed the said work and to may contained in this application are true to work will be performed in the manner supecifications filed therewith. That the deponent will comply with Second individual applying for a Building I	and is duly authorized to perform or ent, etc.) ake and file this application; that all statements the best of his/her knowledge and belief, and that the set forth in the application and in the plans and ction 125 of the General Municipal Law that requires Permit prove to the building department that he/she is in provision of the Workmen's Compensation Law.
Signature	
Sworn to me before this	day of, 20
NOTARY PUBLIC	

TOWN OF BLOOMING GROVE COUNTY OF ORANGE

APPLICATION FOR BUILDING PERMIT

Permit #	S/B/L
issuance of a Building Permi New York and the Town of I	Y MADE to the Building Inspector for the t pursuant to the Building Codes of the State of Blooming Grove Municipal Code for the ditions, removal and demolition, as herein
	ply with all applicable Laws, Ordinances and have read this and understand all instructions of ion.
Applicant's Signature	